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ABSTRACT

The hypothesis that adolescent mothers have more negative attitudes toward child rearing than more mature mothers was investigated in this study. Twenty-one adolescent mothers between the ages of 13 and 19 years were compared to 12 mature mothers who ranged in age from 21 to 34 years. A 12-item questionnaire was administered to the subjects who had a minimum of one child with a maximum age of 28 months. Data analysis was accomplished using the Mann-Whitney U Test. Contrary to previous findings, a significant difference in child rearing attitudes between the adolescent and the adult mothers was not found. Other variables (educational level, marital status, parity and race) were then identified and tested. Mothers with more than 12 years of education showed a trend toward more positive attitudes in child rearing. Neither marital status nor parity influenced mothers' attitudes. White adult mothers showed more positive attitudes than either black adult mothers or white adolescent mothers. Child rearing attitudes appeared to be influenced by age, educational level and cultural patterns. These variables may have exerted a compounding effect on the total study. An attempt to implement an adolescent mothers' child care discussion group was not successful. Reasons for mothers' non-participation and general issues concerning adolescent parenting practices are discussed.
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CHILD REARING ATTITUDES AND PRACTICES OF ADOLESCENT PARENTS

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Adolescence today is generally viewed as a transitional period. While attempting to find their place in the world around them and establishing their self-identity, adolescents are adjusting to rapid hormonal and growth changes. Given the normal stresses of adolescence, it can be expected that additional problems imposed at this time will further compound the adolescent's transition period.

A problem that has been on the increase among adolescents in recent years is adolescent pregnancy. Recent studies have shown that over one million teen-agers become pregnant each year[1] and approximately 600,000 of these pregnancies are carried to term.[2] Within the 15-19 year age group, one out of ten girls become pregnant each year. A study of pregnant school-age girls in 1970 showed that only 15% of the mothers placed their babies for adoption.[3] Much attention has been given to the pregnant adolescent in regard to prenatal care, education and prevention of future pregnancies, but relatively little attention has been given to the parenting practices of these adolescents. Recognizing the number of pregnancies carried to term leaves several questions unanswered concerning the welfare of the children born to these mothers. For example, are the adolescents actually rearing the children or does the adolescent's mother assume the major responsibility for child care? How does the developmental level of the adolescent mother influence the way in which she rears her child? What role does the adolescent father play in child rearing? A few studies have been conducted in an attempt to answer some of these questions. These studies have pointed out some attitudes that appear to be characteristic of adolescent parents. A study conducted by Dr. Vladmir de Lissovoy of 48 adolescent couples

in a semi-rural and small town area in the U.S. found the young parents to be "an intolerant group, impatient, insensitive, irritable and prone to use physical punishment with their children."[4] Parent expectations for achievement of developmental norms were striking. For example, sitting alone, normally achieved around 28 weeks, was expected at 12 weeks by mothers and at 6 weeks by fathers. Toilet training, normally achieved around the age of two years, was expected at the age of 24 weeks (by both mothers and fathers).

Another study of 80 unmarried teen-age girls was conducted by Dr. Margaret Gutelius in Washington, D.C. Dr. Gutelius reported findings of negative attitudes toward several aspects of child care and a tendency to choose harsh physical methods of discipline.[5]

Workshops conducted by the Consortium on Early Childbearing and Child-rearing in 1972 produced some data about child rearing practices of adolescent mothers. A total of 70 programs throughout the U.S. were represented in the workshops. From this population some "anecdotal evidence regarding adolescent parenting practices was accumulated." The adolescent (school-age) mother was found to be "ambivalent about her relationship with others, inconsistent in her behavior and attitudes and insecure in the parenting role." These adolescent parents expected their children to be quiet, patient, not spoiled, not curious or into things. Infant stimulation was viewed as "spoiling the child." A tendency was found for the grandmother to assume the major responsibilities for child care.[6]

With the exception of Dr. de Lissovoy's study, information concerning the attitudes and role of the adolescent father was not available. Researchers conducting these studies in each instance indicated a need for further study of adolescent parenting practices. Based on the identification of this need, a

descriptive study was designed and conducted in an urban area in the southeastern United States. The hypothesis for the study was: Mothers between the ages of 13 and 19 years will exhibit more negative attitudes toward child rearing than mothers over 21 years of age as measured by a questionnaire. Permission was given by Dr. Gutelius to use her questionnaire in this study. The 12 item questionnaire was administered to a total sample of 33 mothers from five child health clinics in a metropolitan area. Results of the questionnaire were compared to see if a significant difference existed between adolescent mothers and adult mothers. Although the study was designed for adolescent parents, the actual research was limited to adolescent mothers. In most cases, the father was not living in the home with the mother and child and in all instances fathers were not present when the study was conducted.

The adolescent group consisted of 21 mothers between the ages of 15 and 19 years. The adult group consisted of 12 mothers between the ages of 21 and 34 years. Mothers that were 20 years of age were not included in the study to provide a dividing line between the two groups. (Many of the "old" mothers were only 21!) It would have been ideal to have limited the adolescent group to mothers 17 years old or less and the adult group to mothers 22 years old or more but this was impossible since the majority of the mothers within this total population had their initial child bearing experiences between the ages of 18 and 21 years.

All the mothers had a minimum of one child with a maximum age of 28 months. A maximum limitation on the age of the oldest child was established because it was considered inappropriate to compare child rearing attitudes between the mother of a two year old and the mother of a twelve year old as the mother of the 12 year old would have had more experience in child rearing. Educational

levels in the total sample ranged from five to 16 years. The mean number of years of schooling was 11 years and the median was 12 years. No one in the adolescent group had more than 12 years of schooling. About 50% of the mothers were married, with the majority of married mothers in the adult group. Ten of the adolescent and 8 of the adult mothers were black, 11 of the adolescent and 4 of the adult mothers were white.

Data analysis was accomplished using the Mann-Whitney U test (alpha level 0.05, two-tailed test). A significant difference in child rearing attitudes between the adolescent mothers and the adult mothers was not found. This was somewhat suprising since previous studies suggested that more negative attitudes would be found among the adolescent mothers.

Other variables which were considered possible influences of maternal attitudes were then identified and tested in the analysis of the data. These included educational level, marital status, parity and race.

Significant differences were found between mothers with less than 12 years of education and mothers with more than 12 years of education. Mothers with more education showed a trend toward more positive attitudes in child rearing. The comparison of single mothers with married mothers showed no significant differences based on marital status.

It was impossible to make any inferences based on parity from the information available in this study as only two mothers in the study had more than one child. One mother had a high number of negative responses and the other mother had a high number of positive responses.

Significant differences in child rearing attitudes were found when white adolescent mothers were compared with white adult mothers. Significant differences were found when white adult mothers were compared with black adult

mothers. In both instances the white adult mothers showed more positive attitudes. Significant differences were not found between black adolescent mothers and white adolescent mothers or between black adolescent mothers and black adult mothers.

Although a significant difference in child rearing attitudes based on maternal age was not found in the total age group, findings within the study raised some questions that could be given further consideration for future studies. For example, to what degree do cultural trends affect attitudes toward child rearing? To what degree does the educational level of the mother affect her attitude toward child rearing? In a larger sample, would marital status influence child rearing attitudes? The mother's educational level tends to compound the data since it is difficult to find adolescent mothers who are old enough to have had more than 12 years of education. It was a recommendation from this study to replicate the study controlling for educational level.

Although a significant difference in attitude was not found between the two age groups, some negative trends were identified among the adolescent mothers. It is possible that in a larger sample group, these trends would have been shown to be significant. For example, adolescent mothers did show more negative attitudes than adult mothers in situations related to disciplinary measures. Adolescent mothers indicated that they would be sparing in their use of praise toward the child. These findings supported similar findings in the Gutelius and de Lissovoy studies. Some findings appeared to be related to cultural trends rather than to the age of the mother. For example, one question dealt with encouraging a small child to talk when adults are present. One hundred percent of both adolescent and adult black mothers indicated that they would not encourage this and many mothers added comments stating that children should not be permitted

in the same room where adults are visiting and talking. This response was in contrast to a 36% negative response from the white adolescent mothers and 0% from the white adult mothers.

It was concluded that within this sample, child rearing attitudes were influenced by age, educational level and cultural patterns and that these variables exerted a compounding effect on the total study.

The study just described had originally been planned as an experimental study. The study was to have been conducted as follows:

1) Select a group of adolescent mothers
2) Test the mothers' attitudes about child rearing using a questionnaire
3) Conduct a six week series of group discussions about child care (Graduate students in nursing serving as group leaders)
4) Post-test using the same questionnaire

It was expected that the questionnaires would show more positive trends in attitude after completion of the group discussions.

It was not possible to carry out this plan because of circumstances that took place. Some of these circumstances appear to have significance when working with adolescents and should be considered in the planning of educational programs.

A population of adolescent mothers within an urban setting had been found. Observations and discussions with the mothers and health care personnel in the neighborhood indicated a strong need for a parent-education group. Some of the following practices were directly observed or discussed by the mothers in the community.

1) a diet for a one-month old child consisting of mashed potatoes, gravy, coca-cola and fried eggs.
2) A fifteen month old child and a five month old child sharing the same

bottle, each child becoming alternately angry when he lost his turn.

3) A toddler diapered in disposable dishcloths.

4) A 3-week old child being fed a bottle of sour milk.

I had encountered several of the mothers while working in clinics within the community. The mothers had many questions about child care, seemed eager to learn and seemed receptive to the idea of a group in which they could share their concerns about child rearing. Additional names of potential group members were obtained from the area public health nurse.

A classmate and myself planned to work together with 2 groups of mothers meeting on two days each week for a six week period. Since most of the mothers were unreachable by phone, we contacted each one through home visits. In many instances the adolescents lived with their mothers or grandmothers; in some instances they lived with their husbands. During home visits, the mothers and grandmothers talked freely with us but the husbands did not. We were well received by the adolescents and their family members and the adolescents reacted enthusiastically to the idea of a parent group. We left cards giving times and dates stating that we would be providing transportation, child care and refreshments during the group meetings.

On the scheduled day of the first meeting, the following (events) took place.

We arrived at the home of the first adolescent mother, were greeted by her mother and told that her daughter was unable to come because she "wasn't feeling well." The next mother was home but said that there had been a death in the family and she would be unable to come. The third mother was contacted by phone. The adolescent's mother answered the phone and stated that her daughter had gone out and was not expected back until the afternoon. At the home of the fourth

mother, we were greeted at the door by her mother and were told that her daughter had "taken off" in the middle of the night. The fifth mother had planned to walk but did not show up. The door of the home of the sixth mother was locked and there was no answer. The seventh mother's door was locked and neighbors said she had gone to the hospital to have her (second) baby.

Although at the time I felt there were several possible reasons for this occurance, retrospectively now, I feel that we had encountered a cultural blockade. It appears that in this community, the grandmothers assumed the major responsibility for child care and that in some way we were perceived as intruders in their territory and that they in turn influenced the adolescents. I also believe that before attempting to establish a group of this type, trust needs to be firmly established. This would include getting to know the community members (both adolescents and adults) and gaining their support. It might have been helpful to have set up the meetings in a place where the mothers were already gathered as part of a school program or while waiting for a clinic appointment. This would have involved some long range planning and clearance by certain officials and was not possible within the time framework given for this study. In some communities school programs on parenting have been developed and have been successfully built into the school day.

Individuals who had similar experiences to those just described have suggested that it may be helpful to charge a fee. Some people equate "free" with poor quality, therefore charging a token amount may help eradicate this feeling and may also motivate the individual to maintain regular attendance to get his/her money's worth. Another consideration would be to include the adolescent's mother in the planning of the program. This could help to remove the threat of an "outside group" and increase the likelihood that the grandmothers would support

the idea of a group.

In conclusion, adolescent parenting remains an area in which much needs to be done. Regardless of the circumstances surrounding the advent of early parenthood, provisions must be made for continued supportive care of the parents and the child. More educational programs are needed to help the adolescent parent cope with the new demands of parenthood.

Specific problems unique to adolescence need to be considered in the development of any program aimed toward the improvement of adolescent parenting practices. For example, few adolescent parents have been able to achieve financial independence and may require financial aid for an extended period. Planning a program for adolescent parents may involve planning around the hours in which the parent is employed. Consideration also needs to be given to the adolescent's immediate and long range career goals. These plans may involve continuation of school on a full-time basis with the added responsibility of child care. Socially, the adolescents need to maintain good peer relationships. The demands of parenthood frequently isolates the adolescent parents from his/her peer group. At the same time, differences in age interests and developmental level may prevent the adolescent from developing friendships with "older" parents. Failing to find a group with whom he/she can identify can increase the adolescent's unhappiness and frustration.

Finally the question as to why the adolescent becomes pregnant needs to be addressed. Why has the pregnancy rate among adolescents become epidemic when family planning services for minors are readily available in most communities? Is pregnancy viewed as an out to a particular problem in the adolescent's life? Studies have indicated that many adolescents at all socio-economic levels are misinformed about how and when conception can occur. Do we take for granted

that since sex is openly discussed in the media, all adolescents will automatically absorb correct and accurate information? The questions are many and are not likely to be resolved in a short period of time.

In the meantime, adolescent parents are here and they need our help. As parents, educators, health professionals and religious leaders, we need to join forces in helping them to overcome some of the many obstacles imposed by early parenthood.

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